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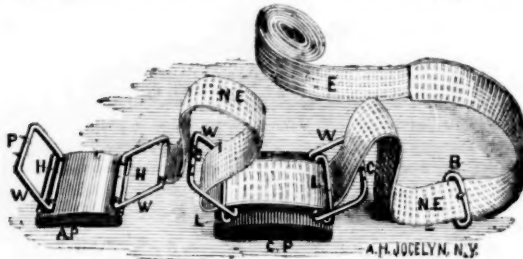
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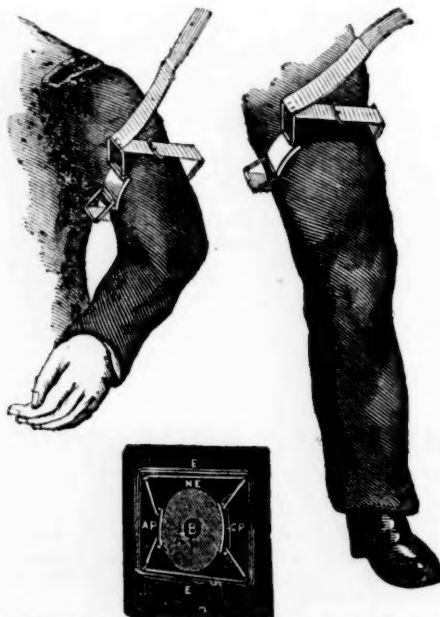
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REMARKS ON THE MUMMIED HEADS

TAKEN FROM THE JIVARO INDIANS OF ECUADOR,
WITH AN ACCOUNT OF THE VARIOUS MODES OF EMBALM-
MENT,
BEING AN ABSTRACT OF A PAPER READ BEFORE THE AMERICAN ETHNOLOGICAL SOCIETY.

By J. KING MERRITT, A.M., MD.,

OF NEW YORK.

PART I.

I DESIRE to call attention to two mummified heads of diminutive size, which, with a number of others, were recently obtained from the Indians who inhabit the inaccessible and mountainous region around the base of the volcano of Sangay, in the province of Chimborazo, where the old Spanish town of Macas is situated.

There were ten of these specimens taken from the Indians, so far as I am informed by Mrs. Hassaurek, the wife of the American Minister at Ecuador, through whose kindness I am allowed the privilege of presenting these curious objects, with the accompanying history and description of them.

Mrs. Hassaurek states that these ten mummifications are in the possession of the following parties; viz. four were bought by Mr. Hassaurek; three by the Spanish Minister, who sent them to Madrid; two by the French Chargé d'Affaires; and one by the English Consul. Of the four obtained by Mr. Hassaurek, one is retained by himself, and one he presented to a Dr. Mackay, who is in Washington at present, and has been exhibiting his specimen to the savans of the Smithsonian recently. The remaining two are those under our consideration. I am told by Mrs. Hassaurek that there is a tradition among the Indians, that these heads were originally taken from "Huacas" * belonging to their ancestors, many generations ago, and that since they have been kept in their huts, preserved with great veneration, and jealously guarded as household divinities. An additional statement is given concerning the history of these interesting and mysterious heads, in a communication from Mr. Hassaurek himself, who sent them from Quito to this country last summer. He writes as follows:—"These heads were formerly in the possession of the Indians who live in the town of Macas, which was anciently of great importance, but has since decayed, owing partly to the general decline of Spanish America, partly to the ruinous policy of the Spanish Government, and partly to the unmanageable character of the Indians. It has always been observed that the Indians of Macas treated the heads with a veneration verging on idolatry. I was told by a former Governor of Chimborazo, to which province the town of Macas belongs, that the oldest Indians in the country did not recollect the time when these heads were *not* in the possession of their tribe. They said that a great feast was given every year in their honor, when the old men approached them with great submission, having their lances pointed downwards, while the young men remained within a respectful distance. Concerning the threads which are attached to the lips, I have heard various and contradictory accounts. Some say they indicate the number of enemies slain in battle by the warriors to whom these heads were attached. Another account is given by Dr. Andrade, the Curate of the village of Machuchi, who says that these heads were treated as idols by the families which possessed them, and they attributed to them many supernatural qualities. They especially implored them to keep their family secrets, and for every secret intrusted to the idol a string was drawn through the lips. Others say that the strings are only

ornaments, because the Indians on solemn occasions wear these heads suspended around their necks, and consequently the pendent strings were intended to improve the appearance of them. The art to contract the heads to such a wonderful miniature size seems to have been lost, like so many other arts known to the ancient Peruvians; as, for example, the cement mixture which they used for building purposes instead of lime mortar, that gave to the different stones of which the walls were composed the appearance of one solid block. How these heads in question were contracted to such a diminutive size, I can only repeat rumors; one is, that they were contracted by hot stones or pebbles, which were put into the cavity of the head after the bones were removed; another is, that they were contracted by a process which occupied a year. The aforesaid Dr. Andrade says, "that if one should be the head of an enemy slain in battle the victor will do penance for the time necessary in the preparation of the head, that he fasts and prays to atone for the deed, but when the head is mummified he then adopts it as an idol. There is not, however, any account of such heads being prepared in these times, but they are considered relics of past ages, which have been handed down from generation to generation. All these statements and traditions may be considered as imperfect, or suppositions of the present day. But, nevertheless, this is certain, *that these heads were in the possession of the Indians at Macas, by whom they were treated with great veneration.* I bought them of the present Governor of Chimborazo, who undoubtedly had forcibly taken them away from their owners." Mr. Farrand, who has been a number of years in Ecuador and Peru, and has travelled much, informs me "that the Indians at Macas and the vicinity do not have at the present time any intercourse with the Spanish population, but carry on a traffic with an intermediate friendly tribe, called the Napos, who maintain a trading intercourse with them." He also states that he has heard there is not a white person now in the town of Macas."

The Indians of this section speak their native original language, and practise their ancient manners and customs. They belong to that fierce, warlike, and proud Jivaro family of Indian tribes, which were never conquered by the Incas. At the time of the Spanish conquest, however, most of the tribes of this intractable family were partially subjugated. The tribe which inhabited the region around the base of the volcano of Sangay, and on the banks of the river Morona, were so unfortunate as to have in their country abundant deposits of gold, and consequently the attention of the "Conquistadores" was attracted to these. Soon their country was overrun, and the town of Macas built, which is situated on the river Morona, one of the branches of the sources of the Amazon, and is 130 miles southeast of Quito. Macas is also but a short distance from the volcano of Sangay, which is one of the most active volcanoes on the globe at the present time. The Spaniards never attained complete control over the Jivaro Indians, nor to any extent civilized them. They remained sullen and uncompromising, and when, on the decline of the Spanish dominion in Peru, the opportunity offered, they drove from their country the remnant of the intruders, and relapsed into their original independent and isolated state. They are described as being quite small, but very active and muscular, with black and very animated eyes, and with bent noses and thin lips. They use the lance with remarkable dexterity, and the shield exceedingly well.

Wm. Bollaert, F.R.G.S., in a brief paper on the idol heads of the Jivaros recently published in the *London Intellectual Observer*, thus speaks of this people and these deified heads:—"They are an ancient and warlike people, and their history is given by Velasco, the historian of Quito, together with an account of their conspiracy against the Spaniards in 1599, an outbreak which procured for them the title of 'Araucanos' of the North. At that period they made the Governor of Macas prisoner, and killed him

* "Huacas" are the cemeteries and holy places of the aboriginal races of Peru.

by pouring molten gold down his throat; afterwards they destroyed the Spanish settlements in their part of the country *in one day*, killing the men, but taking the women into captivity. In modern times many expeditions have been organized to punish them, but all have failed. The Jivaros are a warlike, brave, and astute people; they love liberty, and can tolerate no yoke. Many have beards and fair complexions, most probably arising from the numbers of Spanish women they captured in the insurrection of 1599. They have fixed homes, cultivate 'yucas,' maize, beans, and plantains, and their women wear cotton cloth. They live in well built huts made of wood, and sleep in fixed bedplaces instead of hammocks. Their lances are made of the Chonta palm, the head being triangular, thirty to fifty inches long, and ten to fifteen inches broad. They are accustomed to take a strong emetic every morning, consisting of an infusion of the "guayusa," or tea plant, for the purpose of getting rid of all undigested food, and being ready for the chase with an empty stomach. Their hair hangs over their shoulders, and they wear a helmet of bright feathers. Their branch tribes are constantly at war with each other; all the tribes speak the same language, which is sonorous, clear, and harmonious, easy to learn, and energetic. At each village they have a drum called 'Tunduli,' to call the warriors to arms, and the signal is repeated from village to village. When engaged in war their faces and bodies are painted, but during peace they wear breeches down to their knees, and a shirt without sleeves. One of their prominent customs is to deify the heads of their prisoners. This fact has been known for some time, but only lately have any specimens been obtained. The first was brought to Europe by Professor Cassola in June, 1861, and was exhibited to a few persons in London. This had been stolen from a temple on the river Pastaza. At the latter end of the same year another specimen fell into the hands of Don R. de Silva Ferro, Chilean Consul in London, with an explanatory document, which has been translated by Mr. Bollaert, and communicated to the Ethnological Society, together with some account of the Jivaros themselves. An idol head was obtained through a baptized Indian, who persuaded a Jivaro notorious for ill luck that this was occasioned by the imprisonment of the idol, who was desirous to travel. The Jivaro handed it over for this object, when it was taken to the Governor of Chimborazo, who sent suitable presents to the Indian in return for his interesting gift. These curious trophies are thus prepared, *according to tradition*:—After a war the heads of the victims are cut off, the skull and its contents removed, and a heated stone (*it is said*) is introduced into the hollow of the skin; desiccation goes on, and it is reduced to one-quarter its original size, retaining some appearance of the features. A feast ensues, when the victor abuses the head roundly, to which the head is made to reply in similar terms—the Indian priest being the spokesman for the head, or 'chancha' (an Indian name for a sow), and he concludes his part thus:—'Coward, when I was in life, thou did'st tremble at the sound of my name. Coward! some brother of mine will revenge me.' The victor at this raises his lance, strikes and wounds the face of his enemy, after which he sews the mouth up, dooming the idol to perpetual silence, excepting as an oracle; questions being put to it when the inquirer is under the spell of a narcotic. When the Jivaro is pressed by the enemy, and has not time to cut off the head of an enemy, the ceremony is performed on the head of a sow, which is adored as a real idol head. Should the fruits of the earth not be in abundance, the women hold a feast of supplication to the head, and if their request is not granted, the hair is shaved off and it is thrown into the woods."

This is all the history concerning these heads which I am able to give with the brief accounts of this people, and of the locality whence they came. I will now proceed to describe succinctly the heads which are in my

possession. But first, I may be allowed to indulge in a portraiture of the general appearances of these specimens of mummification. We see a head and face scarcely the size of a half-grown howling monkey, with a great profusion of long, lank, black hair; also, we see a fierce and sooty pigmy face, decorated with a dingy tassel of cotton cords pendent from its compressed and protruding lips, and wearing the scowling expression of a Comanche warrior. If one can realize such an object, he will entertain an idea of the first impression received by a casual observer. Though these nondescripts are novel and startling to ordinary observation, still more do they become mysterious and wonderful as one examines and studies them. I will here mention some of the peculiarities pertaining to them. 1st. The size of the entire head and face is about equal to the medium fist of a man. 2d. The osseous structure, the brain, the eyes, the tongue, and all the inner soft parts, except the muscular tissues in close connexion with the integuments, have been removed. 3d. The external surface of the integument is jet black, and of polished smoothness, without the least appearance of shrivelling, and retaining in a marked degree the characteristics of human skin. 4th. The tissues of both head and face are hard and unyielding as ebony, and emit a sharp and almost metallic sound when percussed. 5th. The inner surface of the cranial wall is knobby, spongy, and mouldy, with the pale color of undressed leather, as seen through the large opening at the base of the head, at which point it was severed from the body. 6th. The decapitation was rudely performed with a dull instrument (judging from the jagged edge of the incision), at a point of the neck anteriorly corresponding to the top of the thyroid body, and posteriorly at somewhat a lower level, so as to include with the head that portion of the nucha which is ordinarily covered with hair in man. 7th. The general configuration of the specimen is as follows:—the head and face are exceedingly narrow, but quite long in their antero-posterior axis; the forehead is rapidly retreating; the sinciput is contracted, low, and straight, and the occiput is very prominent and projecting backwards.

It is evident that through the foramen magnum, or aperture at the base of the head resulting from the decapitation, the brain, the tongue, and most of the bones of the cranium and face were removed, from the fact that this opening has been enlarged by vertical incisions, which have been closed by sutures of cotton thread. The scalp is clothed with a profusion of straight, stiff, and rufous black hair, which falls in tresses the length of nearly two feet from the vertex posteriorly, while anteriorly the locks are cropped after the usual Indian custom. The hair is firmly attached to the scalp, and is not at all friable. Examination under the microscope by Dr. Shady, showed that the individual hairs differed in no important respect from those of the Anglo-Saxon race: some were oval in shape, others cylindrical, and a few inclined to be triangular. The rufous hue is probably owing to the exposure to the sunlight and the weather, for this is more decided on the vertex and among the outer tresses than observed among the inner locks when brought to view. On the right temple, about three quarters of an inch above the top of the ear, and just within the limits of the hair, exists an irregular opening through the scalp, the edges of which are especially ragged, spongy, and friable. This is the fact in regard to both specimens, the only difference being in their locality, as one is just anterior to the margin of the hair in the right temple. I am disposed to think that these were produced at the time of death, and are the results of a wound inflicted by a blunt instrument, as the conditions of the tissues in their vicinity are indicative of the infiltration and softening of the parts, which rendered them less able to resist the tendency to decomposition. At the vertex of the scalp are two small perforations, through which pass a loop, and this is undoubtedly intended to suspend the head about the neck of a person, as the hair around these perforations is worn away apparently by friction. The several parts of the external

ear present their natural configurations and relations so perfectly, that it is difficult to imagine any contraction having occurred at all; they do not exhibit any of the shrivelled or pinched appearance always seen in desiccated fibro-cartilage. On close examination can be seen the hole through the lobe for the ear-ring, and in the case of one there is a broken fringed loop still attached, and passing through the perforation of the lobe. In the delineation of the facial features I think no one will deny that there is little to be found which would attract the limner in search for the lines of beauty, yet do we see the outlines and expression of the human face remarkably well preserved. On the right side of the forehead, near the irregular opening in the right temple already described, there is in one specimen a depression with an incision closed by sutures; a similar incision and depression occur in the other specimen, but through the left temple, and closed by sutures. These seem to have been made for the purpose of removing the inner parts implicated in the neighboring battle-wounds, so as not to disturb them, that they should remain in the same condition as they had occurred. There are likewise incisions closed by sutures existing at the base of the nose between the orbits—in one case extending from one orbit to the other. These were also made, evidently, to remove the bone, and inner parts in these vicinities. The eyebrows are distinct, and especially abundant at the nasal extremities; the ciliae are firmly attached, and of a brown hue. The eyelids are preserved, but closed and inverted; the ciliary borders are fringed with eyelashes. The nose is prominent, expanded, and unshrivelled; in both nostrils are abundant ciliae, which are firmly attached and very stiff. The cheeks are unwrinkled, and present the natural outlines at the malar and zygomatic regions, thus giving a characteristic Indian expression to the face. The lips are somewhat imperfect in both specimens, only slightly so in one, however, and have been repaired by a resinous substance. They present a compressed, puckered, and pointing appearance, as if drawn together by interrupted sutures; there are three perforations through both lips, which contain loops, and to these are suspended a short horizontal braid, which is composed of nooses in regular order, made by attaching the long pendent cords at their middle—so that there is a horizontal base-cord suspended by the loops through the lips, and this base-cord supports a long pendent tassel of cotton cords, about twenty inches in length. I have been thus explicit in the description of this tassel pendent from the lips, because in some respects it resembles the Peruvian "Quippu," which was the chronicle of events during the Inca sovereignty. At the lower portions of the cheeks and beneath the chins of both specimens, the integument presents a faint reddish tint, which seems to be produced by a pigment of an earthy character, like that used by the South American Indians to paint their faces in time of war, and to decorate their pottery. An accidental fracture which has occurred recently in the case of one of these specimens, and which embraces quite two-thirds of the vertical circumference of the head, gives the opportunity to examine the tissues of the integuments unchanged by long exposure. The exhalant and absorbent vessels extending from the epidermis to the cutis vera, the follicles and hair processes, which also pass through to the skin, all are distinctly seen not infiltrated with any foreign substance, but in a normal and simply desiccated state. The inner surface of the vertical region of the scalp of one specimen presents a black and glistening aspect, as if resulting from the application of a degree of heat sufficient to roast the parts, *which has evidently occurred at a comparatively recent date, and is not at all apparent in the other specimen.* The diameters and circumferences of these heads, when compared with those made by Dr. Morton of the smallest cranium of an ancient Peruvian, as published in his *Crania Americana*, are about one-third as great. Thus we see in the delineation of these two specimens of mummification that their conditions and features in conjunction are sufficiently pronounced and perfect to enable

one to arrive at the conclusion that they are the integumentary and muscular portions of adult human heads reduced to their present diminutive size. Besides, the general configuration of these idol heads resembles in an eminent degree that of the crania of ancient Peruvians, according to Dr. Morton, who thus states, "They are small, greatly elongated, narrow their whole length, and with a retreating forehead. The hair is uniformly long, lank, and appears to have been worn at full length by both sexes; its natural blackness is preserved, notwithstanding centuries of inhumation. I have seen, he says, some skulls of this race, which must have been naturally very long and low, yet in order to exaggerate a feature that was considered beautiful, compression has been applied until the whole head has assumed more the character of the monkey than the man." "These horizontally elongated heads found in the Peruvian cemetery of Arica, have a conformation prevalent among the old Aymara tribes which inhabited the shores and islands of Lake Titicaca, and whose civilization seems evidently to antedate that of the Inca Peruvians.

(To be Continued.)

Original Communications.

A SIMPLIFIED APPARATUS FOR THE RADICAL CURE OF VARICOCELE.

By JOHN H. PACKARD, M.D.,

DEMONSTRATOR OF ANATOMY IN THE UNIVERSITY OF PENNSYLVANIA.

ENLARGEMENT of the spermatic veins, if it exists to a marked degree, is an extremely annoying and troublesome affection. It is less amenable to palliative treatment than distension of the veins of the limbs, for obvious reasons, while there is not so much risk attending operations for its radical cure. I have not yet seen any statement in regard to the employment of metallic threads for this purpose, but am inclined to think that it will still further diminish the danger of such procedures.

The plan which I would lay before the profession is merely a modification of that proposed by Ricord, or rather a simplification of the apparatus described by him. My experience with it in a number of cases has been so successful as to induce me to offer it for the consideration of other surgeons.

The apparatus employed by me consists of a needle, a fine annealed iron wire, and a piece of sheet-lead. The needle is rather slender, two and a half inches in length, slightly curved near the point; its eye is near the point, and it is either set in a handle or headed so as to be firmly grasped with a pair of forceps. The lead plate is about an inch and a quarter in length, by half an inch in width; it has a hole bored through it near each end.



Having isolated the swollen veins in the usual way, I pass the needle, armed with the wire, behind them, and slip it back along one end of the wire, leaving the loop. Cutting off the long end of the wire, I now arm the needle again, and pass it in the opposite direction, in front of the mass of veins, through the same openings in the skin; it is then withdrawn as before, again leaving the loop. Each pair of ends is now passed through the other loop, when the mass of veins will be inclosed between the two double wires. Now, taking the lead plate, I pass the ends through the holes in it, draw them rather tight, and gradually twist them all together over the middle of the plate.

By twisting the collected ends of the wires once or twice every half minute or so, there may be gradually effected a most forcible constriction of the diseased vessels;

the twisting may be suspended when the pain caused becomes severe, or when the operator feels satisfied that the tissues must be cut by the wire if the pressure be further increased. Half-a-dozen additional turns, or more, may be daily made until the loops of wire have come together, which will be known by their looseness in the sinus formed by their passage. Now, by simply dividing them near one opening they may be drawn out by pulling on the longer end.

So slight is the pain caused by this operation that I have not yet found it necessary to resort to anesthesia for its performance. But the point I particularly wish to draw attention to is the cheapness, efficiency, and simplicity of the apparatus as compared with that of Ricord. The security given by the twisting of the ends of wire, and the power it affords of gradually tightening the loop in any case, seem to me to be among the great advantages of metallic over other sutures.

CASES IN MILITARY SURGERY.

By DEWITT C. PETERS, ASST. SURG. U.S.A.,

IN CHARGE OF U. S. GENERAL HOSPITAL, STEUART'S MANSION, BALTIMORE, MARYLAND.

HYPERTROPHY OF THE MAMMARY GLAND IN A SOLDIER.

I.—G. W., private in a Regiment of N.J.V., was transferred and arrived at this hospital from Frederick, Md., March 7th, 1863. The history of this case, as gathered from the statements of the patient, is as follows:—About three years ago he was injured in a factory by being caught between some machinery and the wall of the building. He was severely contused about the chest, especially on the left side, and since the injury he has suffered from transitory pains in the left breast, yet they have not been so severe or lasting as to keep him from his accustomed work. He first noticed the left mammary gland enlarged nearly three months ago, and he has been under treatment for its relief. On examining the heart and lungs no abnormal sounds are detected. Indeed, on the contrary, they are remarkably healthy. The gland is very considerably hypertrophied and pendulous. No secretions are emitted from the nipple, nor does it give him pain to handle the parts. He says he has at times a dull aching pain in the gland, and then it becomes very much swollen and hard to the touch. The glands of the axilla are not involved, and the tumor has not the appearance of being either an abscess or cancerous in its nature. The general health of the patient is good, and otherwise he is a sound man. The treatment consists in giving the man alternative doses of iod. pot., while locally there is applied tinct. iodine and gentle pressure.

II.—*Extensive Gunshot Wound of Right Lung.*—Wm. Hatch, aged 20, belonging to the 5th Regiment Maine Vol., was transferred to this hospital March 7th, 1863.

The patient states that he was wounded at the battle of South Mountain, September 14th, 1862. His regiment was engaged with the enemy, and while thus employed he was fired at from above (on the side of the mountain) by a sharpshooter, whom he saw and estimated to be about sixty yards from him.

The ball struck him in the right breast, entered between the second and third ribs anteriorly, passed downwards and backwards (severely wounding the lung, judging from the history of the case), and came out between the tenth and eleventh ribs on the opposite side. The point of exit of the ball is nearly three inches below the lower angle of the right scapula, and it must have made a large opening, as the cicatrix is unusually extensive. The patient states that immediately on receiving the injury he fell, and that the hemorrhage from the posterior wound was very free, causing him to faint. The surgeon who first saw him informed him that there was no chance of his recovery, and that in his opinion he had but a few hours to live. After his examination, he said, "you

are shot through the lung and badly wounded." At each respiration the patient noticed that for some time afterwards the air passed in and out of the anterior wound, so much so as (to use the man's expressive language) "to give a whistling sound." He was also, from his description, troubled by circumscribed emphysema, which, however, the bandaging of the chest finally relieved and arrested. The wound was followed by extensive inflammation of the lung, as he could not take a long breath; expectorated freely bloody sputum for several weeks, was troubled with a racking cough, had high fever, and was at times delirious. Under good care he rallied and bids fair to fully recover.

Several small pieces of dead bone have come away from the anterior wound, which has now healed. The posterior cicatrix is drawn in and firmly attached to the upper edge of the eleventh rib, and it has also closed. Percussion over the injured side reveals some dulness along and below the track of the wound. By auscultation we find the vesicular respiration feeble, and it is more inclined to be bronchial. Egophony is present, indicating a moderate amount of effusion into the pleura, which has not been entirely absorbed. The patient walks about, is in good health otherwise, and has every prospect of soon being able to resume his duties in the field.

The curious feature in this case is the course of the ball, which must have traversed the lung from near its apex to its base. I am fully convinced in my own mind that the ball did not glance.

REPORT OF A CASE OF

ERYSIPELAS OF THROAT, FAUCES, & TONGUE,

THREATENING SUFFOCATION, AND RESULTING IN RECOVERY
BY THE STIMULATING TREATMENT, WITHOUT ANY
PREPARATION OF IRON.

By B. Z. MILES, M.D., U.S.A.,

U. S. GENERAL HOSPITAL, ANNAPOLIS, MD.

C. H. HEART, private, company B, 3d New York Cavalry, admitted into this hospital January 8, 1863. For some days previous to entering the hospital, and when in Richmond, Va., held as a prisoner, he assisted in nursing a captain of the schooner Louisa Frazier, with erysipelas. His health had been good until a few days before he reached this place, when he was seized with a shivering, which was followed by fever and loss of appetite; at the same time he experienced some difficulty in swallowing. The right tonsil and uvula were then of a crimson-red color; there was much oedematous swelling of the uvula, with great pain; he suffered from faintness and sickness; pulse 86. In consequence of sleeplessness for some days I ordered pulv. ipec. et opii; and a gargle of zinc, capsicum, sulph. alum. et potas., and water. On the 9th, the day after admission, the erysipelas had not extended, and if any thing he was better; he took a little nourishment. As his pulse began to flag I ordered whiskey (one oz.) with beef-tea every hour, to be continued throughout the night. On Jan. 10th the same; but during the night the erysipelas extended down the throat. On my next visit (Jan. 11th), I found the patient breathing with some difficulty, as if there was a collection of mucus in the larynx and trachea. He suffered a good deal of pain, increased by pressure beneath the angle of the jaw, but not much in front over the anterior surface of the larynx. There is no enlargement of the glands of the neck apparent externally. His chief complaint is of difficulty of swallowing. When he attempts to swallow anything it seems to go the wrong way, and it appears as if it would suffocate him; he can swallow a little milk, but even that with considerable difficulty. When the food or fluid which he attempts to swallow gets to the back of the tongue, instead of being guided by the action of the faucial muscles into the pharynx it seems to fall towards the glottis, excites a severe spasmodic cough, producing the feeling of suffocation, and is forcibly ejected partly through

the mouth and partly through the nose. The voice affected, amounting to hoarseness, and nearly to complete loss of voice, with difficult stridulous inspiration. I ordered sulph. quinae, gr. x., beef-tea, three oz., as an enema every three hours, and nit. argenti, one drachm, aque, one oz., to the throat, and such nourishing food as he could be got to swallow. At my request Surgeon T. A. McParlin, U.S.N., visited him with me. I suggested that if he grew any worse we should operate for tracheotomy. We agreed to pursue the treatment already commenced, and concluded that the operation might prudently be postponed until four o'clock in the afternoon. On my next visit at that hour I found the patient still breathing with much difficulty, but deglutition was easier, the pulse was falling, and fever was less. At my next visit, nine o'clock p.m., finding the symptoms still improving, pulse less frequent, deglutition better, and breathing easier, I began to hope that surgical means might not be necessary, and this hope was confirmed by the still improving character of the symptoms at the fourth visit, late at night. On the following morning all the symptoms were still better, deglutition had become comparatively easy, and the breathing sufficiently free to remove all anxiety as regarded the risk of suffocation. The treatment had been steadily pursued through the night, notwithstanding much opposition from the patient. It was continued through the day, omitting the enemata. During every visit that day symptoms were still improving. My orders every night were that he should not be allowed to sleep more than three hours without food. On my visit the next morning (Jan. 13th) he complained of his tongue, which I found much swollen, and on my second visit it had increased rapidly, so much so as to impede his swallowing, and to increase his difficulty of breathing; pulse 90, but the breathing remained 28; gave directions to continue the enemata. On the third visit the same, and I again thought there was some risk of suffocation. Fourth and fifth visit the same. He passed a comfortable night, and was only disturbed by occasional fits of coughing. The next morning (Jan. 14th) he had some sleep, and the pulse and breathing afterwards were 84 and 24. Whiskey reduced to half an ounce every two hours. In the evening the pulse and respiration were 86 and 24. During the two following days, the 15th and 16th, he continued remarkably well; pulse 90, and respiration 22. Ordered magnes. sulph. On the 17th, still doing well; pulse and breathing were 80 and 24. By the 18th Jan., ten days from the time he entered, he felt quite well, and his appetite being good, he could eat perfectly. Discontinued stimulants, and ordered ferri cit. et quinae three times a day.

I have to say, with respect to the treatment of erysipelas, that it is necessary to give stimulants and nourishing food freely, and from the very commencement of the attack. Now, of all stimulants the alcoholic are the best, and I have witnessed such remarkable effects produced by their free exhibition that I am inclined to consider them as antidotes to the erysipelatous poison. I am of the opinion, with a hospital well supplied with brandy, and simple means to keep the bowels open, that erysipelatous inflammation could be kept at a minimum among the soldiers of our army. Surgeons of the U.S. Army attach great importance to the use of the tincture of sesquichloride of iron in this disease, and I have no doubt that many cases, as they think, will get well under that drug. But I still believe there are many cases that will recover without any treatment. I am under this opinion, after having tried both plans of treatment, that the supporting plan is the best adapted to save life and check the progress of the disease; if you begin early and with decision you will seldom have to deal with the secondary phenomena of this malady.

DR. CLARKSON T. COLLINS'S Institution, at Great Barrington, Berkshire Co., Massachusetts, for the treatment of chronic diseases of females, is again opened. Dr. Collins closed it from the first of January to the first of April, for the purpose of allowing him to visit the hospitals of the army.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

PLURAL BIRTHS IN CONNEXION WITH IDIOCY.

AN elaborate paper on this subject is contained in the *Medical Times and Gazette* for Nov. 15th, from the pen of Dr. Arthur Mitchell, Deputy Commissioner in Lunacy for Scotland. Having officially to examine and report on a large proportion of all the idiots in Scotland, and it being so frequently stated in the course of his inquiries that the patient was one of twins, he was led to suspect that there might be some connexion between plural births and congenital defects of the mind. Upon inquiry he found that of 443 idiots 11 were twin-born, or, in other words, every fortieth idiot was found to be one of twins. That this proportion is abnormal will seem apparent when we remember the mortality of twin-born children differs so much from that of single-born, thus diminishing the proportion of the actual population springing from the former, to that springing from the latter, when compared with the number of births respectively springing from twin and single conceptions. The statistics of the Dublin Lying-in Hospital show that of twin children one in 42 did not leave the hospital in life, while of the single born this was the case with one in 11, the deaths among the former being nearly three times as frequent as among the latter. The author's inquiries not only revealed the fact that many idiots are twin-born, but among their relatives there was a marked frequency of twin births, and also among the relatives of idiots who are themselves single-born the same peculiarity occurs. Thus, it was found that of 443 idiots 11 times the idiot was twin-born, in four cases one or other parent of the idiot was twin or triplet-born. 32 of the 443 mothers had borne twins once or more frequently; 43 of the families presented twins more or less frequently. These investigations, with the fact that the whole history of plural births is exceptional, in proving more fatal to the mother, in representing a larger proportion of dead-born children, premature deliveries, abnormal presentations, a greater amount of infant mortality, or feeble unequally developed children, convince the author that if some connexion between plural births and idiocy is not proved it is at least rendered highly probable. He thus concludes: "The fact that persons of very great intellectual and physical vigor are every now and then found to be twin-born, in no way interferes with the soundness of the general conclusion to which this research points, and the basis of which may be briefly stated as follows:—1. Among imbeciles and idiots a much larger proportion is actually found to be twin-born than among the general community. 2. Among the relatives of imbeciles and idiots twinning is also found to be very frequent. 3. In families where twinning is frequent, bodily deformity (of defect and of excess) likewise occurs with frequency. 4. The whole history of twin births is exceptional, indicates imperfect development and feeble organization in the product, and leads us to regard twinning in the human species as a departure from the physiological rule, and therefore injurious to all concerned. 5. When we pass from twins to triplets and quadruplets, everything we know regarding these latter gives support to the general conclusion in question."

COMMON RESIN AS A REMEDIAL AGENT.

A writer for the *Medical Record of Australia* has called the attention of the profession to the value of common resin in the treatment of gonorrhoea and gleet, in either of which it may be given alone or in combination with copaiba or cubebs. Its advantage over these remedies is, that it is readily made into pills, enabling the patient to take it regularly, generally effecting a cure in from fourteen to twenty-one days. It sometimes excites a nettle-

rash, or more frequently an irritable efflorescence or papillary eruption, to prevent which a warm bath is recommended, to be repeated every four or five days, or if this fails, three or four grains of iodide of potassium may be given three times a day. It often produces a frequent desire to pass water, and should this be accompanied with pain and tenderness in the kidneys and bladder, and deposits of large quantities of mucus in the urine, five or seven minims of laudanum may be added to each dose, and the patient be directed to sit as high as the navel in warm water for twenty minutes twice a day. Should this fail to afford relief the remedy had better be discontinued for a few days. The method of using it is, first, if the patient is young and plethoric, and the discharge is accompanied by marked inflammatory symptoms, to order saline purgatives, warm bath every other day, and to envelop the penis in lint wetted with acetate of lead and opium lotion, renewing it every three or four hours for three or four days, or until the severe scalding and swelling subside, and then the resin in five or seven grain doses every eight hours, either made into pills or as a powder, mixed with ten or fifteen grains of powdered gum acacia, and taken in wet sugar, milk, or any other fluid; and one table-spoonful acetate of lead lotion: ten grains to six ounces of water, with thirty grains of tincture of opium injected into the urethra three times in the course of twenty-four hours; when the pain has nearly disappeared, ten grains of acetate of zinc may be substituted for the acetate of lead; when the pain is slight, the chloride of zinc and resin may be at once commenced with.

Its efficacy in the winter coughs of old people, in combination with opium, belladonna, and squills, led the same writer to use it in hooping-cough with greater benefit than any other remedy that he has employed. He reports a number of cases of the latter disease, treated with resin in doses of from one grain upwards (according to the age of the child) three times a day. If necessary, an emetic of wine of ipecac was first given to clear the bronchial tubes. Opium, belladonna, hyoscyamus, antimony, calomel, digitalis, iodide of potassium, were occasionally employed in combination with the resin whenever the specific action of each or any of these several remedies was indicated.

Reports of Societies.

UNITED STATES ARMY MEDICAL AND SURGICAL SOCIETY, OF BALTIMORE.

STATED MEETING, Feb. 19, 1868.

SURGEON C. C. COX, U.S.V., PRESIDENT, IN THE CHAIR.

[Reported by DR. GEO. H. DARE, Acting Asst. Surg., U.S.A., Secretary.]

ERYSIPELAS.

DR. HUNT, Assistant Surgeon U.S.A., introducing the subject, remarked that he preferred simply to answer certain questions that would naturally present themselves in connexion with erysipelas, inasmuch as by that method he could more readily get at the points.

I.—Is traumatic erysipelas, in its essential and distinctive features, the same as common erysipelas? Very few diseases are both idiopathic and traumatic. We never have any other of the exanthemata excited by a wound, and yet we cannot but regard the idiopathic and traumatic forms as one and the same disease modified by circumstances. Dr. Hunt alluded to various facts as substantiating this view.

II.—Is it epidemic, contagious, or inoculable? It was shown that the weight of evidence goes to prove that it possesses each of these characters. A number of marked illustrative cases was detailed.

III.—Does erysipelas engraft itself upon other diseases, so as to modify them, and complicate the symptoms, without assuming its own especial characters? The testimony

of Gross, Guthrie, Bennett, and other authorities, was referred to upon this subject, and its relations to puerperal fever and its power over serous inflammations noticed.

IV.—What are its relations to hospital gangrene? Dr. Hunt noted that the very language used by authors was in many points applicable to both. He remarked, that if distinct they had at least many points in common.

V.—How can erysipelas be prevented? The importance of thorough ventilation, general cleanliness without dampness, the use of the syringe in cleansing wounds, care as to cleansing instruments, allowing the wound to drain after amputation instead of a speedy co-aptation of the parts, the separation of affected patients, these and like points were illustrated and impressed.

Treatment.—The constitutional treatment of the disease was strongly insisted upon. The Doctor thought a stimulating emetic—such as ipecac and carbonate of ammonia—proper in the outset of the attack, and a cathartic of calomel and oil, not only for their general effect but as a means of promoting secretion from the whole mucous membrane, and thus preparing the way for the more active assimilation of nutrients and stimulants. The propriety of this initial treatment would depend upon the condition of the alimentary canal; very little catharsis was advisable in the advance of the disease. In this stage the Doctor recommended iron, quinine, stimulants, and nutrients. He thought that in bad cases, chloride of potash, with the iron, was sometimes beneficial.

He recommended, as a local application, a poultice of flaxseed and cinchona bark to the wound, and the lead and opiate lotion to the surrounding parts. The value of punctures and incisions was discussed; the experience of the speaker had not corroborated the great importance ascribed to them by Guthrie.

E. G. WATERS, Acting Asst. Surgeon U.S.A., stated that he had been at the National Hospital, in charge of the ward devoted to erysipelatous cases; that the treatment pursued by him, with almost uniform success, was a blister large enough to cover the whole inflamed surface, and to extend a little beyond. When applied early he had frequently succeeded in aborting the disease. When the wound was sloughy and unhealthy he had applied to it a poultice of bran and yeast. He had given stimulants, tonics, and nutritious diet internally. Under the above treatment of the large number of cases which had passed through his hands, he had lost only one or two. Dr. Waters reported several interesting illustrative cases: one of a man who had recovered from the fifth attack of erysipelas. His hospital experience had not corroborated the generally received opinion as to the contagious nature of the disease.

SURGEON JONES, U.S.V., reported the following series of cases bearing upon the contagious and infectious character of erysipelas, and also its connexion with puerperal fever. He once attended a robust blacksmith in a severe attack of erysipelas from a burn. An old physician was called in consultation, who bled the man; the same day he bled another man, who had received a fall, with the same lancet; that man subsequently had phlebitis and erysipelas. The same physician was called that night to attend a case of labor, and having occasion to bleed the woman used the same lancet. She was soon seized with puerperal fever, and came near losing her life. The three cases were in different neighborhoods, where no other similar cases existed. The blacksmith recovered; and soon afterwards his wife and three children, who had attended him during his illness, had mild attacks of erysipelas. There were no cases of the same disease in the town at the time.

L. QUICK, Surgeon U.S.V., spoke of two cases of erysipelas which occurred at his hospital—1. In which the erysipelas affected the entire surface. It immediately preceded a squamous syphilide. The man recovered under the use of tonics, stimulants, and nutritious diet. 2. A case of traumatic erysipelas, from a gunshot wound of the right shoulder. The disease covered by degrees the whole sur-

face. It was successfully treated by the external application of tr. iodine, and tr. ferri chlor. internally.

WM. G. SMULL, A. A. Surg. U.S.A., remarked that he had in his own person contracted the disease by accidental inoculation with the pus of phlegmonous erysipelas. As an illustration of the erratic nature of the disease, he remarked that during an epidemic in the hospitals on East River, New York city, he had seen a case where the disease affected the skin covering the neck. The patient at the time was walking about. In two hours he died with symptoms of acute meningitis. An autopsy revealed intense congestion of the meninges of the brain. In the epidemic alluded to the physicians found that an application of collodion $\frac{5}{8}$ j., with tr. ferri chlor. $\frac{3}{4}$ j., applied as fast as shrinking of the skin was discovered, together with tr. ferri chlor. gtt. xxx. every third hour, was the most successful mode of treatment.

DOUBLE AMPUTATION OF THE LEGS.

The President, C. C. Cox, Surgeon U.S.V., reported—A Case of Double Amputation of Legs, performed by him. He gave the following history:—A colored girl, *æt.* 16 years, having enjoyed always before uninterrupted good health, was taken with typhoid fever, of a low asthenic type; there was no organic complication. The case being under the medical charge of Dr. Wilson, Dr. Cox did not see it until called in consultation. During convalescence a narrow line of mortification had appeared above the ankles, extending entirely around, and leaving both feet in a state of gangrene. It was determined to remove both legs at the point of election. This was done by Dr. Cox, in the presence of, and assisted by, Drs. Waters, Wilson, and Thomas, of the city, and Surgeons Quick and Bliss, of the army. The patient was placed under the influence of chloroform, and by means of Dr. Waters's improved tourniquet, pressure was confined to the main artery, and the amount of hemorrhage, therefore, was very trifling, compared with that which almost always occurs from the venous congestion produced by the old instrument. The stump was dressed with cold water dressings, with very light wrappings. The patient was also ordered to continue her iron and stimulants, and to substitute ale for the alcoholic drinks previously used. On the fifth day the stumps were exposed; one was found healing by the first intention, the other partially so.

GUNSHOT WOUND OF THE CRANIUM FOLLOWED BY AN ABSCESS OF THE BRAIN, CAUSED BY THE PRESENCE OF THE BULLET, RESULTING IN DEATH TWO MONTHS AFTER THE RECEIPT OF THE INJURY.

DR. GEO. W. DARE, Acting Asst. Surg. U.S.A., next gave the following history of a case of gunshot wound of the skull.—Geo. W. Shone, Corporal, Co. A, 12th Mass., *æt.* 29 years, wounded at the battle of Fredericksburg, Dec. 13, 1862, was admitted into the U.S. Army General Hospital, Camden st., Balt., Dec. 19, 1862. His right eye had been destroyed, as he stated, by a glancing shot. The lower lid was slit to a small extent; the eye was suppurating. He did not complain of much pain. The functions of the other eye were not disturbed, but it was observed to be unnaturally prominent. There were no brain symptoms, except some headache. Neither the patient nor the surgeon suspected that the ball remained in. The wound healed kindly within the ordinary time. After two or three weeks the man went out habitually on pass through the city. He continued well, with the exception of an occasional pain over the remaining eye, until Feb. 6th, 1863, when he was found by Dr. D. in bed, having had a chill, followed by fever. The fever assumed a continued form, with occasional chilliness. He remained cheerful, sitting up at times, and did not manifest any serious symptoms until the night of Feb. 10th, when he became delirious. The nurse then reported that he had wandered a little during the two preceding nights, but during the day he had appeared perfectly sensible. Feb. 11th.—He was found

comatose; the left pupil greatly dilated; intelligence not entirely abolished; he would sometimes answer a question or put out his tongue when ordered; the vesical sphincter had been involuntarily relaxed. Cupping and blistering were employed without benefit. He sank rapidly, and died about twelve o'clock at night. An autopsy was held on the following day. Upon removal of the calvarium, the pia mater was found much congested, and a considerable quantity of dark fluid blood escaped from the torcular herophili. When the anterior cerebral lobes were lifted a minute ball was seen lying transversely, half embedded in the sphenoid bone, between its greater and lesser ala, the concave extremity half way between the crista galli and the sella turcica. A portion of the ball rested against and pressed on the thin inner wall of the left orbit, thus diminishing its capacity, and forcing forwards the eye; this fact explained its unnatural prominence observed during life. The missile had, after passing through the eye, entered the cranium through the inner wall of the right orbit, at the junction of the sphenoid and the ethmoid bones. The ball did not penetrate the dura mater, but remained in contact with, and pressing against it. In consequence of this pressure, ulceration of that membrane resulted, and an abscess formed, extending from the point of contact to the left lateral ventricle, containing several drachms of pus. A few drops of pus, apparently encysted by lymph, were discovered pressing directly the commissure of the optic nerve, which was the probable cause of the extreme dilatation of the pupil. The pons varolii and the medulla oblongata were found bathed in pus.

The Doctor observed that the remarkable feature of this case was, that symptoms of cerebral injury did not manifest themselves until about seven weeks after the receipt of the wound. The immediate cause of death appeared to be the formation of pus, indicated by the ordinary symptoms—a chill, fever, etc., resulting from the inflammation excited by the presence of the bullet, which may be considered as the remote cause of the fatal result.

FOREIGN CORRESPONDENCE.

LETTER XXXI.

By PROF. CHARLES A. LEE.

NURSE-TRAINING INSTITUTIONS.

VIENNA, October 12, 1862.

AMONG the numerous signs of the advanced civilization of our age, the improved condition of hospitals may be ranked as one of the most prominent and important. In the large towns and cities of Great Britain and the continent they form a striking feature. For the most part they are well situated, and in many instances, perhaps a large majority of those recently constructed, the interior arrangement admits of everything that can conduce to restoration of health. No stranger can walk through them without being struck by the cleanliness and ventilation which is almost universally to be found. This is especially the case in regard to the London hospitals, the Laboricière and some others in Paris, and indeed many of the hospitals I have visited in France, Switzerland, Germany, Prussia, and Austria. There were, however, many exceptions to this general rule. In some instances they are placed in unhealthy localities, in others the buildings are old palaces or chateaus, or even castles, with no possibility of suitable adaptation to the purposes to which they are now devoted; in many there is no attention scarcely paid to proper ventilation, cleanliness, and warming; and in most there is certainly too little regard paid to the character and qualifications of nurses. As this is an important part of our subject, and one which needs more attention and no little reformation in our own country, I may be permitted, perhaps, to dwell on it at some length.

The want of suitable nurses, such as might convey spiritual and moral instruction, while they attended to the ordinary duties of their calling, led to the establishment of

a *Deaconess Institution* at Kaiserswerth on the Rhine in 1836, by Bastor Fleidner. This Mother-House, or Pastoral Institution, contains within its precincts seven branch institutions, which were established by degrees for the purpose of training the probationers: 1, a *hospital*, with 120 beds; 2, a *lunatic asylum*, for females only; 3, an *infant school*, admitting children of all creeds; 4, an *orphan asylum*; 5, a *day school* for girls, also attended by the orphans; 6, a *normal school* for infant, elementary, and higher girls' school-mistresses, as well as for nursery and other governesses; all these have been carried on most successfully by these deaconesses, as well as, 7, a *penitentiary*, for released female prisoners and Magdalens. These branch institutions contain more than 500 inmates at the present time, and are carried on in all their departments in a very admirable manner by these devoted females, aided only by five male nurses in the men's wards. Each department has its superintending sister and one deaconess, who has the title of "mistress of the probationers," and has special charge of the probationers, all under the direction, however, of Mr. Fleidner, who acts as chaplain. There is also an assistant chaplain, one or two masters, and a physician and surgeon connected with the institution. The pecuniary management is under the charge of Mr. F. and a committee of gentlemen, while the whole is under the superintendence of the Synods of the Rhineland and Westphalia. I need hardly add that the probationers have to go through a course of practical instruction in each of these branch institutions during their term of probation, with the exception of the seminary for schoolmistresses, wherein those only attend who are to become instructing deaconesses, and their term of probation is, consequently, much longer than that of the nursing sisters. This institution has served as a germ for which many of a like kind have originated, as at Paris, Strasburg, St. Loup, Dresden, Utrecht, Berlin, Breslau, Königsberg, Stettin, Stockholm, Ludwigshist, Karlsruhe, Riehm, and at Pittsburgh in Pennsylvania, etc. These have all been formed on the model of that at Kaiserswerth, chiefly as training institutions for nurses. Several hundred of these religious, educated, and accomplished nurses have gone out from the present institution to different parts of Europe, Asia, and America, since it was founded, twenty-six years ago, and still larger numbers from the other establishments founded on the same plan. I meet with them frequently in the different hospitals, where they are accomplishing great good and exerting a most happy influence, while in other instances we find hospitals under their sole charge. For example, while at Berlin I visited the Bethanie Hospital, founded by the King of Prussia in 1847, and who erected the large and beautiful building known under this name, in the outskirts of the city. This is one of the finest hospitals in Europe, with 300 beds, constructed with moderate sized wards, after the latest and most approved models, with every convenience for warming, ventilation, laundry, cooking, etc. He endowed it with a sum of £7,500, by which twenty free beds have been founded, and several other persons have followed his example, so that a majority of the beds are free foundations, while the rest are supported by voluntary contributions. This admirable institution was opened in October, 1847, by nine Kaiserswerth Deaconesses and their Superior Baroness de Ranzau, who had also gone through the usual training at Kaiserswerth. A Countess, a most intelligent, highly educated, and accomplished lady, the *head nurse*, if I may so call her, conducted me over every part of the establishment, and explained to me all the details connected with the management. She stated that only nursing sisters were trained here, who go out to other hospitals as they become qualified, and thus the good work goes on. In this connexion, I may refer to the Deaconess Institution at Pittsburgh, founded by the Rev. M. Passavant in 1849, after the model of that at Kaiserswerth, connected with a hospital of forty beds and an orphan asylum. Many accomplished nurses have gone forth from this institution, but it has not been able to supply a tithe of the number wanted, and it is

greatly to be desired that other training institutions of a similar kind should be established where females who desire to make themselves useful in this important and arduous vocation, may have an opportunity of acquiring the necessary qualifications. I fear, however, from the very slow progress which these institutions have made in the United States, that our Protestant women are not particularly disposed to the self-denying work of a deaconess. Certain it is that the Catholic order of the Sisters of Charity have displayed far more zeal and self-denial in their devotion to the sick, in our country, than has been exhibited by our Protestant females. Since our present war broke out, however, it must be acknowledged that a new spirit has been awakened, and that a good degree of zeal and patriotic self-devotion has been exhibited by large numbers of the sex, who have cheerfully come forward and offered their services as nurses for our sick and wounded soldiers. This is worthy of all praise; and had their knowledge equalled their zeal they would have accomplished far more good than has actually resulted from their labors. But nursing, like other occupations, requires previous training, and those who suppose that such knowledge is intuitive, or can be acquired in a few days, will find that they have formed very erroneous notions. Services rendered to the sick can only be properly administered by those whose vocation it is, who have had special training, and who do it in a spirit of love. If such could be obtained, there would be no further doubts or dispute in regard to the usefulness and superiority of female over male nurses.

From all I can learn I suppose there must be from twenty to thirty training institutions for female nurses in Europe at the present time, all founded on the plan of that at Kaiserswerth; while in the whole United States I am not aware that there are more than one or two. We have plenty of voluntary female nurses offering their services, but no institutions scarcely where they may acquire the previous necessary qualifications. When we consider the soothing, calming, cheering, humanizing influence of woman, and reflect that attendance on the sick is, in an eminent degree, a work of faith as well as of love, how can we doubt that this is a work, not only well worthy to be followed by Christian women, but one which can be discharged with far more success by their ministrations than by those of our own sex? While all acknowledge the desirableness of enlarging the sphere of female usefulness and employment, there are but few who are ready to admit that our benevolent institutions should be committed to their charge. But it seems to me that this is their special sphere. The nursing of the sick, both of males and females, should be committed to properly instructed women, as a general rule—special cases may form exceptions. Orphan asylums, houses of refuge, insane asylums, special and general hospitals, etc., can all be managed as well, if not better, by women than by men. They have more time to devote to such matters, and there are many who, whether widows or unmarried, have no special claims on their time, nor, indeed, any particular object in life, and whose happiness would be greatly increased by such a sphere of useful activity. How much time is devoted by our present governors of hospitals and almshouses, trustees of dispensaries, and managers of insane institutions, etc., to promote the spiritual and physical well-being of those committed to their charge?

One of the largest of these deaconess institutions is at Strasburg in France. It was founded in 1842, and has trained up a large number of exceedingly useful and devoted nurses as well as teachers. The establishment embraces a hospital, an infant school, a penitentiary, and a refuge for criminal girls. The sisters also nurse the sick in private families, and visit and attend the poor and the sick in the town. The hospital contains twenty-seven beds; all the nursing is done by the sisters, as well as the dispensing; the management is committed to a board of ladies, not deaconesses; and the only person about the establishment who is paid for his services is the gardener; a certain yearly allowance is, however, made for dress. The utmost kind-

ness and quietness of manner and deportment is exhibited by all, while the greatest neatness, order, and quiet everywhere prevail. The institution seems more like a private dwelling than a public hospital. The physicians reside outside the building. During the last year 205 patients were treated, and seventeen deaconesses employed and trained. They are not required to make any vows, though they wear a particular dress; proselyting, also, is not permitted.

The University Hospital of London is now entirely supplied with nurses from the Protestant Sisterhood, as is also King's College. There is also a hospital at Mulhouse of 250 beds, where the nursing and dispensing are entirely done by deaconesses from Strasburg; attached to it is a venereal ward, and one for the insane or those suspected of insanity, who are sent to an asylum as soon as the disease is sufficiently developed. Day-patients pay from one franc to two and a half francs per day, according to accommodations. Some of the patients are supported by the government, others by charitable collections. This is one of the best managed hospitals in France, and is wholly served by the deaconesses. Out-door relief to the sick poor of the town is very efficient. The town is divided into districts of about 6,000 inhabitants in each, and in each district a small house of five or six rooms is hired; a physician is appointed for each district who attends the station twice a week or oftener, to prescribe for all who may need advice. One of the deaconesses resides in, or stops in the house during the day, to receive calls and give advice, etc. She keeps a good stock of jellies, fruits, arrow-root, rice, tea, etc.; also warm soup for all who need. She visits the patients who are attended by the physician at their houses, sees to the administration of the medicines, application of leeches, and a supply of all needed comforts. In this way none suffer from neglect; there is no waiting for hours at the dispensary or hospital; the medicines are properly disbursed and distributed; food, often more needed than medicine, is supplied; fruit and other luxuries furnished; useful advice given; a salutary moral influence exerted, and the comfort, happiness, and health of the patient promoted. The deaconess institution at Dresden, which was opened in 1844, is in quite a flourishing state at present, and has sent out a large number of nurses. As it was founded by a countess, so countesses and other ladies of rank do not hesitate to enter in order to qualify themselves to act as nurses. I might describe various other institutions of this kind with which I am acquainted, as at Riehen, near Basle, in Switzerland, which has nearly one hundred trained nurses employed in different hospitals in various parts of the continent. This is conducted, perhaps, in a less ecclesiastical manner than some of the others, for it has a joint committee of ladies and gentlemen in its board of management. I believe there are no institutions of this kind in England, except one in London, which has opened during the last year. Whether it is practicable to introduce them more extensively in the United States I leave to others to judge.

THE HOSPITALS AT HELENA.—There are now about 1000 sick soldiers in Helena, many of them convalescent, occupying four of the churches as hospitals, several other large buildings, and the old camp or barracks of the 13th Illinois Infantry. These hospitals are now under excellent management. The Post Surgeon, DR. C. G. PEASE, is a man of great executive ability, of high attainments in his profession, of humane sentiments, and withal a Christian gentleman. He has had a large amount of labor and responsibility thrown upon his hands, but is untiring in his efforts, and has made every arrangement for the sick of the advancing army (left behind) to be taken care of in the best manner. His arrangements are excellent, and he is no longer hampered by red tape. These hospitals are also provided with experienced nurses, some of them women, and are visited from time to time.

American Medical Times.

SATURDAY, APRIL 25, 1863.

VIRCHOW AND NÉLATON.

POLITICAL events have brought prominently before the world the names of VIRCHOW and NÉLATON. It is not to compare their respective individual merits that we have placed their names in juxtaposition, but to inculcate a lesson which the present position of these representative medical men suggests.

The medical profession is, for the most part, committed to the belief that its duties are limited to the healing of the sick. If a physician directs special attention to any other subject, he is regarded as departing from his legitimate duties, and in a certain degree abandoning his profession. A known devotion to any branch of the physical sciences, or to literature, is most damaging; but if he engage, however remotely, in any secular business, he is at once "read out" of the profession. We lately heard PROF. SIMPSON of Edinburgh pronounced "lost to the profession" by a half score of medical gentlemen, because he had addressed his class of medical students on their religious interests. But on no subject is there such a unanimous opinion in the profession as that a medical man is lost if he gives his attention to political questions. Medical and political science are regarded as so entirely incompatible, that the pursuit of one is thought to disqualify for the pursuit of the other.

We believe, however, that a just code of medical ethics would comprehend a much wider field of duties than is generally understood. It should measure the competency of physicians on all questions which concern humanity. Man is the object of all our study; all his interests are within our scope; everything that can ameliorate his moral as well as physical condition, falls within our domain. Consequently, medicine is one of the tributaries of social science or general politics. Times are long passed when we were confounded with barbers and servants, and when army surgeons or physicians were considered little above the mercenaries employed *à la suite* of armies. Remnants of the humiliation of science in barbarous times can still be traced in the ordinances of European armies. But science is now fast dispelling those clouds even there, while in this country the medical profession is taking a high and most influential position in society and in the state. The question which we wish to urge is—Shall that influence be extended at all times, and under all circumstances, for the advancement of man's social and political, as well as physical welfare?

We have in the persons whose names head this article remarkable illustrations of the views which divide the medical public. VIRCHOW, the most distinguished representative of our profession, the leading medical mind of Europe, is a member of the Prussian Chamber of Deputies. He accepted unhesitatingly an election by the people, and is the leader of the liberal party. He has not forsaken his profession, but is as much absorbed as ever in his histological investigations. The medical sciences have not lost an ardent cultivator, while the cause of popular liberty and of human rights has gained an earnest advocate. NÉLATON,

the distinguished French surgeon, was recently offered a nomination for a seat in the French Parliament by the working classes, but he declined the honor. He alleges in justification of his conduct that he was only a surgeon, and could not on that account have legislative abilities.

No liberal mind can doubt which of these two medical gentlemen has done his duty, and accepted all the high trusts which have been committed to his care, whether as a citizen or as a medical man. VIRCHOW is adding new lustre to a fame which is already world-wide, and of dazzling brilliancy. His name will be recorded high on the roll of those legislators who have advanced the civil and political interests of the people. NÉLATON has failed to prove himself endowed with those great qualities of heart which distinguish VIRCHOW. In declining the proffered appointment of the people he allied himself with the aristocracy, which ignore the claims of the laboring classes. As a surgeon he was ready to probe the wounds of Garibaldi; but taken from this sphere, he was but the most ordinary citizen.

We rejoice in the example which VIRCHOW has placed before the profession of Europe, and trust its influence will be felt in the United States. Here, where a Republican form of government renders even the humblest talent useful, and gives it a proper weight in the social and political scale, medical men should accept official positions of trust. We cannot too often repeat the instructions of RUSH:—"In modern times, and in free governments, they (physicians) should disclaim an ignoble silence upon public subjects. The American Revolution has rescued physic from its former slavish rank in society. For the honor of our profession it should be recorded, that some of the most intelligent and useful characters, both in the cabinet and in the field, during the late war, have been physicians."

THE WEEK.

The Legislature of New York have passed the following law, entitled:

An Act to provide additional means of relief for the sick and wounded soldiers of the State of New York in the United States service.

SECTION 1. The governor of the state is hereby authorized to appoint suitable persons as agents of the state, whose duty it shall be to provide additional means of relief for the sick, wounded, furloughed and discharged soldiers of this state, who shall have been, are now or may hereafter be engaged in the United States service, while being transported to and from their homes; to ascertain the names and condition of all patients belonging to this state, in the United States hospitals, within such limits as the governor may designate; to keep a register of the same, and to furnish information to all who make inquiry concerning them; to facilitate the removal of the bodies of deceased soldiers to the friends of such deceased, when such action is desired, and to perform such other duties for the relief of the sick and wounded soldiers of this state as the governor may designate and require; to make reports to the governor of his or their transactions and expenditures, with vouchers duly verified on oath. The compensation of said agents to be fixed by the governor.

§ 2. The governor may appoint such number of surgeons, or other agents, as from time to time may be required, for the care, comfort and removal of the sick and wounded soldiers belonging to the state of New York. The compensation of such agents shall be commensurate with the services rendered, and to be fixed by the governor.

§ 3. The sum of 200,000 dollars, or so much thereof as may be necessary, is hereby appropriated for the purpose of carrying this act into effect, and the same shall be paid out of any moneys in the treasury not otherwise appropriated, to be paid on the order of the governor and disbursed under his directions, for the purposes aforesaid; the governor to account to the comptroller for the money that shall be expended in pursuance of this act.

§ 4. The comptroller of the state, on the order of the governor, is hereby authorized and directed to pay such accounts for services rendered, or disbursements made under this act, as, after being verified on oath, and audited in the same manner as other military accounts, shall be approved by the governor, and he is further authorized on the written order of the governor to place in the hands of the agents of the state such sums of money as may be required to meet the foregoing requirements, at the discretion of the governor, first requiring the said agents to give ample security for a proper disbursement of the funds.

§ 5. This act shall take effect immediately.

This act is very different from that which we formerly published. It is indeed free from most of the objections to the original bill, and if its provisions are wisely carried out it may be productive of much good. Some of the duties specified are already well discharged, and will not require the aid of this agency. As, for example, the keeping of a register of the New York soldiers for the purpose of furnishing information to all inquiries concerning them. The Sanitary Commission's Hospital Directory completely covers this ground. The success of the measure will depend upon the character and efficiency of the agents selected. We trust SURGEON-GENERAL QUACKENBUSH will use his influence in securing competent agents.

A case was recently tried in England, which illustrates the danger of treating uterine diseases without the presence of a third party when examinations are made. A London contemporary has the following very just reflections on the case:

"These statements, without accepting them as facts, we affirm deserve the careful consideration of every man in practice. As a matter of prudence—we take the lowest ground—in all such operations medical practitioners should insist on the presence, in the same or an adjoining open room, of some lady friend. It is not requisite that in every instance she remain by the side of the patient. Consider the possible consequences of neglect of such an arrangement. We have recently had occasion to lament the facility with which the most serious, though groundless, charges can be advanced, and to deplore the ease with which very harmless conduct may be misconstrued. Suppose, in the present case, Mrs. STONE was not a married woman, but a needy, unscrupulous adventurer, and Mr. APPLETON a married man in metropolitan practice; how easy for her, were she so disposed, for the purpose of extortion, to trump up any charge against her medical attendant, and, perhaps, find not only ears inclined for its adoption, but funds available for its prosecution. Take another view, and grant that, forgetful of their mutual obligations, both yielded to the temptations of time and opportunity: when discovery ensues, what a grave aggravation attaches to the offence if circumstances appear to justify an unfounded charge of this worst possible form of felony! Or, again, suppose the case of a woman committed to detection, yet wishing to screen her paramour; how easy for her, from an attendance of this nature, to trump up a charge of seduction, if not rape, almost impossible to refute! It is well for medical practitioners to be fortified by circumstances as well as conduct. It is due to themselves, if not to their profession, that they hold as a maxim that precaution is something distinct from timidity, and that the exercise of a

sound discretion implies generally the greatest boldness as well as the truest delicacy."

THE sanitary inspection of the General Hospitals of the army by the Sanitary Commission is progressing most favorably under the supervision of DR. HENRY G. CLARK. By the second report we learn that special inspectors have visited nearly all the hospitals in the east and west, and reported fully upon them. The inspectors are medical men well known for their knowledge of hospital management, and the visits of such men can but exert a salutary influence upon the hospitals which they examine. DR. CLARK speaks encouragingly of the condition of the hospitals. Abuses have been remedied, defects have been supplied, and a spirit of emulation has been excited among the Surgeons-in-Charge. This special inspection will, we hope, become a permanent department.

Reviews.

CLINICAL LECTURES ON THE DISEASES OF WOMEN AND CHILDREN. By GUNNING S. BEDFORD, A.M., M.D., Prof. of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York. Eighth edition, carefully revised and enlarged. New York: William Wood. Pp. 670.

PROF. BEDFORD may well congratulate himself on the success of his obstetrical works, if the frequent issue of successive editions is to be taken as a test of their popularity. This volume has averaged a new edition annually. It has also received the high compliment of a translation into the French and German languages. No American medical work has been equally honored within our recollection. The present edition contains an additional chapter on Cancer of the Uterus.

A THEORETICAL AND PRACTICAL TREATISE ON MIDWIFERY, INCLUDING THE DISEASES OF PREGNANCY AND PARTURITION, AND THE ATTENTIONS REQUIRED BY THE CHILD FROM BIRTH TO THE PERIOD OF WEANING. By P. CAZEUX. Third American, translated from the sixth French edition, by Wm. R. Bullock, M.D. With one hundred and forty illustrations. Philadelphia: Lindsay & Blakiston, 1863. Pp. 971.

THE call for repeated editions of this elaborate and most excellent work, gives gratifying evidence of the advanced state of obstetrical science in this country. This treatise has long been popular in France as the principal text-book. Every question in theoretical and practical midwifery is fully discussed, and the rules established for the guidance of the practitioner are based upon the most enlightened views of physiology and pathology. The work cannot be too strongly recommended to the American student and practitioner.

DR. W. W. NASSAU, as Assistant Surgeon of the Iowa Second, distinguished himself at Donelson, and for efficient services there, and at Shiloh, was promoted to Brigade-Surgeon, and ordered to New Mexico. From exposure on the field of Shiloh his health was so impaired that he was ordered back from New Mexico. After a short sojourn in St. Louis he was again ordered to New Mexico, but his health not permitting his return thither he sent on his resignation. The facts not being properly understood by the Surgeon-General he was dismissed the service. Afterwards upon a proper understanding of the case, the President has revoked the order dismissing Surgeon NASSAU, and accepted his resignation. This explanation is but justice to a highly deserving gentleman, efficient officer, and true man.

Army Medical Intelligence.

GENERAL ORDERS, No. 60.

WAR DEPARTMENT, ADJ. GEN.'S OFFICE,
WASHINGTON, March 20, 1868.

PARAGRAPH 10 of General Orders, No. 36, of 1862, which authorizes the chief medical officer in each city "to employ as cooks, nurses, and attendants, any convalescent wounded or feeble men, who can perform such duties, instead of giving them discharges," is hereby modified as follows:

At every U. S. General Hospital the feeble and wounded men, unfit for field duty, but not entirely disabled, instead of being discharged, will be organized and mustered in detachments, under the charge of the officers acting as Military Commanders, who will assign men to them from time to time, on the reports of the surgeons in charge of hospitals. From these Invalid Detachments the Military Commanders will make details for provost, hospital, and other necessary guards; for clerks, hospital attendants, nurses, cooks, and other "extra-duty" men.

The Invalid Detachments will be mustered and reported as detachments, and will be paid on the Detachment Rolls; but no *extra* pay will be allowed in any case.

The Detachment Rolls must show to what company and regiment each man properly belongs, and all assignments to them must be promptly reported to their company commanders. They are not to be dropped from the rolls of those companies, but will be reported on detached service from them.

Should any of the men become fit for duty with their regiment, they will be immediately sent to join them.

In case of a want of non-commissioned officers to give efficiency to the Invalid Detachments, lance appointments may be made, but without increase of pay.

By order of the Secretary of War:

L. THOMAS,
Adjutant-General.

GENERAL ORDERS, No. 80.

WAR DEPARTMENT, ADJ. GEN.'S OFFICE,
WASHINGTON, March 31, 1868.

It is hereby ordered that all Surgeons and Assistant Surgeons belonging to regiments, who are absent on any other than regimental duty, shall without delay rejoin their regiments. Medical officers of regiments will not hereafter be detached upon other service, except temporarily in cases of necessity, or where the Surgeon and two Assistant Surgeons are present, when one of the Assistants may be detached to hospital duty.

By order of the Secretary of War:

E. D. TOWNSEND,
Assistant Adjutant-General.

CIRCULAR NO. 13.

MED. DIRECTOR'S OFFICE, MIDDLE DEPT., 5TH ARMY CORPS, }
BALTIMORE, Md., March 31, 1868. }

WHEREAS it is inconsistent and inappropriate that a Military institution established by the National Government, and devoted to the care of its sick and wounded, should be called by a name that is now and must hereafter be prominent only in its association with rebels and rebellion, it is hereby announced that from this date the United States Army General Hospital known as Stewart's Mansion shall be designated as the Jarvis General Hospital, in tribute to the late Surgeon Nathan S. Jarvis, U. S. Army Medical Director of this Department, the memory of whose virtues as a man and excellence as an officer has not died with him.

J. SIMPSON,
Surgeon U.S.A., Medical Director.

CIRCULAR NO. 15.

MED. DIRECTOR'S OFFICE, MIDDLE DEPT., 8TH ARMY CORPS, }
BALTIMORE, Md., April 5, 1963.

The Surgeon-General having approved the suggestion to designate the General Hospital at Chestnut Hill, Philadelphia, by the name and in commemoration of the distinguished and lamented Surgeon Thomas G. Mower, of the Army: It is hereby announced, that, in tribute to the memory of one to whom the Medical Department of the Army owes so much of its present position, who purified its ranks, elevated its standard, and rendered his own name synonymous with the character of the corps, this institution shall hereafter be known as the Mower General Hospital.

J. SIMPSON,

Surgeon U.S.A., Medical Director.

SPECIAL ORDERS, No. 143.

WAR DEPARTMENT, ADJ. GEN'L'S OFFICE, }
WASHINGTON, March 28, 1963.

10. Leave of absence is hereby granted to the following officers:
Chaplain F. A. McNeill, U.S.A., for thirty days.
11. Assistant Surgeon Louis Kline, U.S.V., an illegally appointed officer, having tendered his resignation, is mustered out of service from date of appointment, there being no evidence of muster in, or of service rendered by him to the Government.

17. The following assignments to duty are made of Medical Officers:
Surgeon I. Moses, U.S.V., now on duty at the Finley Hospital in this city, to report in person to the General commanding Department of the Cumberland, and report by letter to Assistant Surgeon-General Wood at St. Louis, Mo.

Surgeon G. B. Twitchell, U.S.V., to report in person to the General commanding Department of the Tennessee, and report by letter to Assistant Surgeon-General Wood at St. Louis, Mo.

Surgeon O. M. Bryan, U.S.V., now on duty at La Mesilla, Arizona, to the General commanding Department of New Mexico, for duty as Medical Director of that city.

Surgeon J. M. McNulty, U.S.V., to report for duty to Surgeon O. M. Bryan, U.S.V., Medical Director, Department of New Mexico.

Surgeon James W. Fitzpatrick, U.S.V., to report for duty to Surgeon R. O. Abbott, U.S.V., Medical Director in this city.

Surgeon John Neil, U.S.V., to report for duty to the Medical Director at Philadelphia, Pa.

Assistant Surgeon J. C. Bally, U.S.A., as soon as examined for promotion, to report to the Medical Director at Fort Monroe, Va., to relieve Assistant Surgeon D. L. Huntington, U.S.A.

Assistant Surgeon John T. Riley, U.S.A., at the expiration of his leave of absence, to report in person to the Medical Director at St. Louis, and by letter to the Assistant Surgeon-General.

The following officers to report for duty to Surgeon R. O. Abbott, U.S.A., Medical Director in this city.

Assistant Surgeon Wm. A. True, 25th Maine Vols.
" " Chas. Cross, 27th Maine Vols.
" " A. M. Plant, 14th Vermont Vols.
" " Rud. Ribbeck, 29th New York Vols.
" " A. G. Coleman, 2d Pennsylvania Reserve Corps.
" " S. M. Goof, 5th Pennsylvania Reserve Corps.
" " W. C. Buckley, 10th Pennsylvania Reserve Corps.
" " A. J. Cole, 11th Pennsylvania Reserve Corps.
" " J. H. Alexander, 153d Pennsylvania Vols.
" " C. D. Brook, 26th Michigan Vols.
" " Jas. W. Grosvenor, 11th Rhode Island Vols.
" " Philip S. P. Walker, 2d Pennsylvania Cavalry.
" " Elmer J. Hall, 1st Vermont Cavalry.
" " S. W. Ward, 152d New York Vols.
" " H. H. Mitchell, 89th Massachusetts Vols.
" " Frank C. Weeks, 14th New Hampshire Vols.

Acting Assistant Surgeon A. N. K. Andrews, Abercrombie's Division.
Surgeon W. M. Breed, U.S.V., now on duty at Philadelphia, Pa., to report for duty to the Medical Director, Army of the Potomac.

Assistant Surgeon E. D. Lynde, U.S.V., now on duty in the Medical Director's Office, New York city, to report in person to the General commanding the Department of the Cumberland, and by letter to the Assistant Surgeon-General at St. Louis, Mo.

Hospital Steward Hugh Ryan, U.S.A., is hereby honorably discharged the service of the United States, to enable him to accept the position of Assistant Surgeon 84th Kentucky Vols.

34. Paragraph 7, Special Orders No. 121, current series, War Department, assigning Assistant Surgeon Huntington, U.S.A., to duty in the Department of the Tennessee, is hereby suspended until Assistant Surgeon Huntington is relieved by another officer.

42. The Medical Officers detailed from each Corps of the Army of the Potomac by Special Orders 89, current series, War Department, and assigned to duty at the Convalescent Camp near Alexandria, Va., are hereby relieved, and they will report for duty without delay to their respective Corps.

By order of the Secretary of War,

E. D. TOWNSEND,

Assistant Adjutant-General.

Assistant Surgeon C. H. Alden, U.S.A., has at his own request been relieved from duty in the Office of the Surgeon-General, and has relieved Assistant Surgeon E. S. Dunster, U.S.V., in charge of the General Hospital at Turner's Lane, Philadelphia, Pa., and as member of the Army Medical Board, in this city. Assistant Surgeon Dunster has been assigned to the duties lately performed in the Surgeon General's Office by Dr. Alden.

Surgeons A. C. Bournonville, D. H. Agnew, Wm. M. Breed, T. G. Catlin, and L. D. Harlow, U.S.V., have tendered their resignations.

Assistant Surgeon A. F. St. Sure Lindsfelt, 8th Battery Wisconsin Vols., and mustered into 12th Wisconsin Vols., Sept. 30, 1862, has been mustered out of service from date of muster in, he having been irregularly commissioned and mustered, there being no place provided by law for him.

Assistant Surgeon Simon Rosenberger of the 112th Pennsylvania Vols. has been, upon the recommendation of the Surgeon-General, discharged the service of the United States on account of incompetency.

By direction of the President Surgeon D. Cooper Ayres, 7th Wisconsin Vols., who was discharged the service by Special Orders 87, current series, is hereby restored to his command, provided the vacancy be not filled.

SPECIAL ORDERS, No. 143.

WAR DEPARTMENT, ADJ. GEN'L'S OFFICE,
WASHINGTON, March 31, 1863.

18. The following assignment is made of medical officers:

Assistant Surgeon Richard J. Lewis, U.S.V., to report to the Medical Director at New Orleans, La.

Assistant Surgeon Franklin Grube, U.S.V., to report to the Medical Director of the Army of the Potomac.

Assistant Surgeon John Tenor, U.S.V., to report to the Medical Director, Department of the South, Hilton Head, S. C.

Surgeon Sanford B. Hunt, U.S.V., to the Medical Director in this city.

Assistant Surgeon James S. Bolsonot, U.S.V., to report to the Medical Director, Department of North Carolina, at Newbern, N. C.

Surgeon William H. Gobrecht, U.S.V., and Assistant Surgeons J. W. Lawton and A. M. Wilder, U.S.V., to report in person at the Headquarters, Department of the Ohio, and by letter to the Assistant Surgeon-General at St. Louis, Mo.

Assistant Surgeon Samuel Hart, U.S.V., to report in person at the Headquarters, Department of the Cumberland, and by letter to the Assistant Surgeon-General at St. Louis, Mo.

Assistant Surgeon Lewis C. Rice, U.S.V., to report in person at the Headquarters, Department of the Tennessee, and by letter to the Assistant Surgeon-General at St. Louis.

Assistant Surgeon David G. Rush, U.S.V., to report in person to the Assistant Surgeon-General at St. Louis.

Assistant Surgeons William Frothingham and E. B. Dalton, U.S.V., to report to Surgeon R. H. Gilbert, U.S.V., Medical Director, Fort Monroe, Va.

Assistant Surgeon R. J. Vanderkleff, U.S.V., to report to Surgeon J. Simpson, U.S.A., Medical Director at Baltimore, Md.

Assistant Surgeon E. S. Kenderline, U.S.V., to report in person to Surgeon W. S. King, U.S.A., Medical Director, Philadelphia, Pa., and by letter to Surgeon J. Simpson, U.S.A., Medical Director at Baltimore, Md.

By order of the Secretary of War,

(signed) E. D. TOWNSEND,
Asst. Adjutant-General.

SPECIAL ORDERS, No. 163.

WAR DEPARTMENT, ADJ. GEN'L'S OFFICE,
WASHINGTON, April 9, 1863.

4. So much of Special Orders 37, from this Office, as discharged Surgeon J. Owen, U.S.V., for incompetency, is hereby revoked, and he is reinstated in his original position without loss of pay or allowances.

5. A Board of Medical Officers to consist of Medical Inspector R. H. Coolidge, U.S.A., Surgeon Meredith Clymer, U.S.V., and Assistant Surgeon Roberts Bartholow, U.S.A., will convene in this city on the 10th inst. to prescribe rules for governing "Boards of Enrolment," in determining who shall be exempt from draft, as physically and mentally unfit for the service.

7. The resignation of Assistant Surgeon R. O. Craig, U.S.A., has been accepted by the President, to take effect April 7, 1863.

8. The resignation of Surgeon D. H. Agnew, U.S.V., has been accepted by the President, to take effect April 6, 1863.

9. The resignation of Medical Storekeeper Victor Zoeller, U.S.A., has been accepted by the President, to take effect April 6, 1863.

15. The following assignment is made of Medical Officers:

Medical Inspector W. S. Townsend, U.S.A., to report to Medical Inspector Peter Pineo, U.S.A., at New Orleans, La.

Assistant Surgeons William Grinstead and A. C. Schwartzwelder, U.S.V., to report for duty in person to Surgeon L. H. Holden, U.S.A., Medical Director, Department of the Ohio, and by letter to Assistant Surgeon-General R. C. Wood at St. Louis, Mo.

Assistant Surgeons J. Q. Adams and O. K. Reynolds, U.S.V., to report for duty to Surgeon O. M. Bryan, Medical Director, Department of New Mexico, Santa Fe, N. M.

By order of the Secretary of War,

(signed) E. D. TOWNSEND,
Asst. Adjutant-General.

Assistant Surgeons Adolph Majer and J. M. Robinson have been promoted Surgeons of Volunteers.

Surgeon Socrates N. Sherman, New York Vols., has been appointed Surgeon U.S. Volunteers.

Drs. William Grinstead, O. K. Reynolds, A. C. Schwartzwelder, and J. Q. Adams, have been appointed Assistant Surgeons of Volunteers.

Medical Inspector John E. Summers, U.S.A., and Surgeon J. D. Brumley, U.S.V., have been ordered to report to Assistant Surgeon-General R. C. Wood, at St. Louis.

The appointment of Paul Martin, as Assistant Surgeon 5th Maine Vols., has been revoked, there being no evidence of service rendered, he having never joined his regiment.

A Medical Board to consist of Surgeon Henry Jones, 3d Vermont Vols., E. B. Dalton, 36th Vermont Vols., and Surgeon S. W. Oakley, 2d New Jersey Vols., have been ordered to convene at the Headquarters of the 1st Army Corps, Army of the Potomac, on the 11th inst., for the examination of such Medical Officers as may be ordered before by the Medical Director.

Assistant Surgeons Elbert Rowland, 127th New York Vols., and Jonathan Cass, 40th Massachusetts Vols., have been ordered to report to Surgeon R. O. Abbott, Medical Director, Washington, D.C.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 6th day of April to the 13th day of April, 1863.

Deaths.—Men, 113; women, 111; boys, 127; girls, 120; total, 471. Adults, 224; children, 247; males, 240; females, 223; colored, 18. Infants under two years of age, 132. Children born of native parents, 16; foreign, 177.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 24; croup, 21; diphtheria, 31; scarlet fever, 22; typhus and typhoid fevers, 18; consumption, 69; small-pox, 8; measles, 6; dropsy of head, 18; infantile marasmus, 12; cholera infantum, 4; inflammation of brain, 15; of bowels, 10; of lungs, 26; bronchitis, 10; congestion of brain, 0; of lungs, 0; erysipelas, 4; diarrhoea and dysentery, 8. 259 deaths occurred from acute diseases, and 31 from violent causes. 309 were native, and 162 foreign; of whom 102 came from Ireland; 61 died in the City Charities; of whom 16 were in Bellevue Hospital, and 0 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April, 1863.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation Below.	Barometer.	Wind.	Minimum Temperature.	Evap. Below.	Barometer.	Wind.	Minimum Temperature.	Evap. Below.	Barometer.	Wind.
5th.	39.34	3	29.71	N.E.	38.1	29.64	N.E.	40.1	29.65	N.E.		
6th.	37.38	3	29.70	N.W.	42.4	29.74	W.	40.1	29.80	W.		
7th.	35.40	1	29.90	W.	43.1	29.95	S.W.	38.1	30.00	N.		
8th.	31.34	3	30.11	N.E.	45.6	30.09	W.	38.4	30.16	N.W.		
9th.	32.35	4	30.16	W.	50.7	30.13	W.	35.4	30.17	N.W.		
10th.	38.40	5	30.21	N.W.	55.8	30.24	W.	40.5	30.18	S.W.		
11th.	41.44	4	30.21	S.W.	64.7	30.11	S.W.	50.4	30.00	S.W.		

REMARKS.—5th, Snow early A.M.; light rain all day. 6th, Clear A.M., cloudy P.M. 7th, Cloudy A.M., rain and snow P.M. 8th, Snow early A.M., clear day. 9th, 10th, and 11th, Clear, wind mostly fresh.

From the 13th day of April to the 20th day of April, 1863.

Deaths.—Men, 105; women, 94; boys, 147; girls, 104; total, 450. Adults 135; children, 251; males, 252; females, 195; colored, 18. Infants under two years of age, 147. Children born of native parents, 12; foreign, 191.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 35; croup, 16; diphtheria, 24; scarlet fever, 19; typhus and typhoid fevers, 8; consumption, 54; small-pox, 2; measles, 5; dropsy of head, 21; infantile marasmus, 22; cholera infantum, 1; inflammation of brain, 19; of bowels, 8; of lungs, 35; bronchitis, 13; congestion of brain, 0; of lungs, 0; erysipelas, 2; diarrhoea and dysentery, 4. 220 deaths occurred from acute diseases, and 26 from violent causes. 310 were native, and 140 foreign; of whom 92 came from Ireland; 37 died in the City Charities; of whom 13 were in Bellevue Hospital, and 2 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April, 1863.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation Below.	Barometer.	Wind.	Minimum Temperature.	Evap. Below.	Barometer.	Wind.	Minimum Temperature.	Evap. Below.	Barometer.	Wind.
12th.	50.50	4	29.91	W.	66.7	29.90	S.W.	47	1	30.01	W.	
13th.	40.41	3	30.04	N.E.	45.7	30.10	S.W.	44	4	30.16	N.W.	
14th.	38.38	4	30.11	N.	50.9	30.16	S.W.	43	5	30.20	S.W.	
15th.	39.39	4	30.14	N.	45.5	30.11	N.E.	40	1	30.00	N.E.	
16th.	39.40	1	29.81	N.E.	43.1	29.80	N.E.	39	2	29.53	N.E.	
17th.	40.41	3	29.86	N.E.	50.4	29.91	S.	40	1	29.97	S.E.	
18th.	41.42	2	29.99	S.E.	61.8	30.11	S.W.	45	4	30.17	S.E.	

REMARKS.—13th, Day clear; night cloudy; light rain evening. 13th, Cloudy A.M., mostly clear P.M. 14th, Clear with fresh wind. 15th, Clear A.M., cloudy P.M., rain storm at night. 16th, Rain storm. 17th, Fog A.M., cloudy P.M. 18th, Fog early A.M., variable P.M. Rain for the week three inches.

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AMERICAN MEDICAL ASSOCIATION.

OFFICE MEDICAL EXAMINER, CHICAGO, }
February 20, 1863.

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By order of the Committee of Arrangements,

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
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
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 on Midwifery and the Diseases of Women and Children for the last half-year. 12mo. London 1862. 2s. 6d.
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